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FROM

LECTURES

ON THE

PRINCIPLES AND PRACTICE OF PHYSIC,

BY DR. ARMSTRONG.

Theatre of Anatomy, Webb Street.

THE following is an abstract of Dr. ARMSTRONG's Lectures, comprehending his general view of the pathology and treatment of febrile disorders, and his management of convalescence.

All febrile disorders proceed from common or peculiar remote occasions. The common occasions are the ordinary agents of nature, which might be subdivided into depressants, stimulants, irritants, and interruptants, the meaning of which he formerly defined. The peculiar occasions are distinguished from the common ones by some special inherent property, and the principal of them are malaria, or marsh miasm, putrid animal or vegetable matter, general distemperature, of the atmosphere, and human contagions. All these various occasions, whether common or peculiar, produce three forms of fever, the congestive, the simple, and the inflammatory forms. The congestive form, under its perfect character, is distinguished by the diminution of the animal heat on the surface of the body, by the weakness or oppression of the pulse, by the prostration of muscular power, and by the marked disturbance of some internal organ, especially the brain, the heart, the lungs, and bronchial lining, the stomach, liver, and intestinal lining. Sometimes one of these parts suffers, sometimes two or three, and sometimes all. On examining bodies after death, proofs of venous congestion, or the effects of venous congestion are found in the organ, the functions of which had been affected during life, but often the capillary arteries, especially those of the primæ viæ, and bronchial lining, are simultaneously gorged. The congestive form of fever frequently proves rapidly fatal from common remote occasions, but still more rapidly so when it arises from peculiar ones, a remarkable example of which lately occurred in India, for what was there recently called the cholera morbus, was only an epidemic congestive fever, in which the liver and intestinal lining, the lungs and bronchial lining, mainly suffered, though, according to Dr. ARMSTRONG, the authors who have written upon the subject did not seem to be aware of the bronchial affection, notwithstanding the existence of its most unequivocal symptoms in the livor of the surface during life, and the darkness of the blood after death.

The simple form of fever is distinguished by the skin being hotter, and the pulse at the same time quicker than natural, without any discoverable sign of internal or external inflammation; the blood circulates with more than ordinary speed, but is so equally distributed throughout the body, that no particular organ sustains an interruption sufficient to give rise to inflammation. This form of fever is the most frequent among children, and can only exist in sound constitutions, where the internal or external parts have no latent faultiness. Though this form of fever most frequently proceeds from a common remote occasion, yet it sometimes is connected with a peculiar one. Thus scarlatina, measles, and small-pox, under their mildest characters, are simple fever, with reference to the internal organs, which are excited, but not inflamed; simple, general, and local excitement being distinguishable from inflamma-

tion by the signs which he enumerated in his former Lecture on that subject.

The inflammatory form of fever is distinguished by the skin being hotter, and the pulse at the same time quicker than natural, while there are co-existent signs of some internal or external inflammation. The reason why the fever puts on the inflammatory form, when it arises from common remote occasions, is generally that some hereditary, ætal, sexual, or acquired predisposition exists, which becomes converted into inflammation, from the excitement of the heart and vascular system, though unquestionably inflammation may arise primarily from the direct influence of an irritant. The reason why fever, when it arises from a peculiar remote occasion, puts on the inflammatory form so frequently, partly depends upon the special property of the cause, which operates, as before explained, on particular structures, especially the mucous tissue, and partly upon the state of the patient at the time of the attack, for if any internal organ then be predisposed, that organ may become inflamed, on the ordinary principle of excitement. The inflammatory form of fever, even when it arises from common remote occasions, necessarily has a most extensive range of character, for the inflammation being seated in different parts of the body, and in different structures, the functions of which are widely discrepant, the symptoms of this inflammatory form of fever are consequently varied extremely, though its nature be essentially the same, and though it be always compounded of fever and inflammation. Even the inflammatory form of fever, when it arises from peculiar causes, has also a considerable variety of expression, not only with respect to its external, but to its internal pathology; for the skin is differently affected in scarlet fever, in measles, in small pox, and in typhus fever, while in the three former, the fauces and air passages are most liable to suffer, but sometimes the lining of the bowels and sometimes the brain. Again, in typhus, the pia mater and arachnoid, the bronchial and intestinal lining, are always found inflamed in fatal cases when the fever had been developed, and sometimes even the internal tunic of the arteries and veins, a circumstance which had been too much overlooked by morbid anatomists in the typhoid or typhous modification of fever. If, then, the practitioner had a clear knowledge of the symptoms and the pathological conditions, whether of venous congestion, simple excitement, or actual inflammation, with which they were inseparably connected, his philosophy of physic would be so far different from the ancient and conjectural system that it would at once lead him to distinct indications of treatment. Still, however, a man might be an excellent pathologist, and yet a bad practitioner; for as a correct pathology can only be attained by minutely noting down the symptoms during life, and by minutely examining bodies after death, in order to infer the pathological, or real cause of the symptoms, so precision in the application of remedies can only be acquired by most sedulously marking the effects of each, under all the varied circumstances occurring at the time of their administration. Observation and experience, then, in the strictest sense of these words, are necessary to form an accomplished practitioner, who should despise that system of daily routine, which leads the mere man of medical business to go a certain round daily, like a horse in a mill, without the exercise of his intellect.

In the perfect congestive form of fever, the great object in the first instance is, to restore the balance of the circulation between the external and internal parts, and between the venous and arterial sides of the circulation.

In all those cases where the skin is universally cold, and the heart's action sunk, the application of dry heat, under the form of an air bath, and the internal use of stimulants are the best; but when the animal heat and the heart's action have been in some degree restored, then the abstraction of blood, if any organ should remain oppressed, is generally the best measure, the quantity being regulated carefully by the effect upon the pulse of the patient, the local disorder, and the general power. In some of these cases, the symptoms are at once removed by these measures; but in

some they entirely fail, where the shock is most excessive; and in others they remove the congestive symptoms, which are soon followed by those of an inflammatory nature, requiring to be managed accordingly.

In the simple form of fever, the objects are to lessen the heart's action, to diminish the animal heat on the surface, and to restore the secretions to a natural state. Rest, a bland spare diet, quietude, tepid ablution, a fresh atmosphere, a regulated temperature, which shall neither chill nor heat the surface, and mild aperient medicines, will almost always suffice in this form of fever, bloodletting, local or general, being commonly not necessary, never, indeed, except in those cases where inflammation is threatened.

The inflammatory form of fever, even when it arises from remote common occasions, requires various modifications of treatment; for though the object be merely to remove the inflammation, yet that inflammation occurs in different structures, and those structures are a part of beings different in age, in sex, in strength, and in other peculiarities, all of which require to be taken properly into account. In infancy and old age, copious evacuations of all kinds, but especially of blood, are worse sustained than at any other period of life, creating extreme irritation and exhaustion in infancy, and often irretrievably sinking the powers in old age. Besides, the skin and mucous membranes are more apt to suffer from irritants in infancy than in adult or middle age. Women, generally, do not bear evacuations so well as men, but there is an exception to this remark in fever occurring after childbed, where the serous membranes are inflamed, and also in puerperal convulsions from congestion of the brain, in both of which prompt, and sometimes shortly repeated and bold bleedings are necessary to save the life of the patient. Persons of a weak and lax fibre suffer more from copious losses of blood than those of a strong firm fibre. With respect to structures, serous and fibrous inflammations, where the fever is fairly expanded, require, generally speaking, much more active bloodletting than mucous inflammations; and again, in mucous membranes, especially of the intestinal canal, local bleeding by leeches is generally preferable; while in both, if seated in the abdomen, all harsh purgatives should be studiously avoided. Acute inflammation generally requires more active evacuations than subacute inflammation, but to this remark some exceptions existed; for when an inflammation was excessively acute, for instance, on the bronchial lining, it sometimes so smothered the excitement, so oppressed the vital functions and changed the blood, as to make the observant practitioner most guarded in the use of all evacuants, except those which operated gently on the bowels and skin. Moreover, in active inflammation, where the heat was high on the surface, where the pulse was hard as whip-cord, where the tongue was moist, and where the strength was unsubdued, bloodletting was generally well sustained; whereas in passive inflammation, where the heat was low on the surface, where the pulse was soft and feeble, where the tongue was glazed and dry, and where the strength was prostrate, every thing like copious evacuation was to be most diligently shunned. These were among some of the facts which Dr. ARMSTRONG enumerated to show the necessity of studying those particular circumstances which modify the application of general principles; for however valuable, he said, general principles might be as great and leading guides, yet particulars were so important to be considered, that life frequently depended upon their right appreciation. In adverience to this point, he showed the danger of prescribing in the same manner, under all circumstances, for one and the same supposed disorder, because it bears the same name, and he instanced the fatality attendant on the ordinary treatment of erysipelas in some of the metropolitan hospitals, an affection which he contended required very different methods of treatment, according to the characters which it assumed. According to Dr. ARMSTRONG, erysipelas assumes, in the British metropolis, three characters, each of which demands a different mode of management. The first modification of erysipelas he calls

phlegmonoid; the second, erythematic; and the third, specific, by way of distinction. The phlegmonoid erysipelas attacks strong individuals, and like the rest, abstractedly considered, may be viewed as an inflammatory affection of the skin, which sometimes spreads to the cellular membrane beneath. In this phlegmonoid modification, the inflamed part is vividly red; it swells rapidly, and is attended by a very hot skin, a full and hard, or a contracted and hard pulse, and a moist tongue throughout its progress. It appears upon the face or extremities, and is sometimes attended, in its origin or course, with some internal inflammation. The erythematic erysipelas attacks weak persons, especially when confined in the wards of an hospital, or in a close situation. The inflamed part, generally, has a mulberry appearance; it does not swell so rapidly, but vesicles are apt to appear earlier upon its surface; the heat of the skin is not so high, the pulse is soft and feeble compared with that in the phlegmonoid, and the tongue becomes glazed, dry, and brown, in fact, the attendant fever puts on the typhoid character. In this modification of erysipelas, when it proves fatal, the pia mater and arachnoid, the bronchial and intestinal lining, and sometimes the internal coats of the larger arteries and veins, exhibit distinct traces of inflammation; so that Dr. ARMSTRONG considered the external affection, called erysipelas, really the smallest part of it, so many internal organs being simultaneously affected. The specific erysipelas arises in the course of genuine typhus fever, and may have, at the commencement, the phlegmonoid, and at the close the erythematic character; but one very remarkable circumstance in regard to it was, that it might attend a remittent or a continued form of typhus, a fact which required an important alteration in the treatment.

Dr. ARMSTRONG showed, that while the phlegmonoid erysipelas now required as active evacuations as those employed by SYDENHAM, the erythematic, on the other hand, required the greatest caution; but he reprobated the wine and bark system, so generally adopted in London, and, in its stead, recommended mild evacuations from the bowels, with a bland diet and the influence of a pure atmosphere, without which no means would be generally efficacious. As to the use of wine, it should be here regulated, in certain cases, by the same rules as he had laid down in typhus.

As to the specific erysipelas, he showed that it might be readily cured when combined with the remittent typhus, by the sulphate of quinine, where the remissions were distinct; but that where it occurred with the continued form of typhus, bark was decidedly prejudicial. He had no faith in any local applications in erysipelas, and had abandoned them all, except the use of a little arrow root, dusted gently over the part, or the application of a blister to the nape of the neck, which he had repeatedly seen to arrest erysipelas of the face.

Dr. ARMSTRONG finally spoke of the difference between those fevers which arose from common and peculiar causes, pointing out that in the latter case they frequently had a sort of determinate duration, which practitioners should duly regard, but they make the treatment too active in the middle and advanced stages.

The Doctor advised his pupils to be diligent throughout their lives in noting the effects of remedies, and did not hesitate to say, that he learnt to apply them with more precision, endeavouring to make every day and year a useful commentary upon the fact. Among the nicer adaptation of means to ends, he mentioned the gradual and, at length, great improvements which he had thus been enabled to effect with respect to his own practice in the employment of bloodletting, aperients, calomel, and opium, and more particularly in that of the regimenal and mental management of the sick.

Having put them in possession of what he confidently regarded as correct principles of pathology and practice, as to all febrile affections, he could not refrain from once more cautioning them against those vague doctrines of debility which were still advocated by some self-elected and elated confederates of old chartered and exclusive establishments, doc-

trines which were so entirely of the last century as to be utterly unworthy of this enlightened period—doctrines which were alike false in theory and fatal in practice; whereas the simple views which he had taken of the pathology of fever could be fully substantiated by a reference to symptoms and morbid anatomy, while the precise application of the few measures which he recommended in practice led to a success utterly unknown to those dogmatical and empirical advocates of the old system, some of whom, as in the time of SYDENHAM, still attempted to give a tone to the professional opinion of the British Metropolis in particular, though the time was now come when such attempts would be completely frustrated by the intelligence, simplicity, and ardour of the rising generation of medical men. He rejoiced that he was among the number of those who had raised their voices against prevailing errors, and it was matter of sincere pleasure to him, that he had been heard and regarded by those to whom he had so strenuously and sincerely appealed in the cause of truth and humanity.

Dr. ARMSTRONG next adverted to convalescence, which he said should not be viewed as a state of recovery, but one of great delicacy, in which the body was generally weak, and in which particular parts were usually predisposed, so that general and local impressions were liable to produce serious effects. Upon the whole, he remarked, that he has seen more deaths from relapses than from original attacks, partly owing to practitioners being thrown off their guard, and partly owing to the imprudence of patients at that period. He referred the causes of relapses to errors in the kind or quantity of the diet and drinks, to a low or a high temperature, to over exertion of body, to disturbance of mind, or to neglect of bowels, and showed how relapses might be certainly avoided by gradually recruiting the strength and avoiding the remote occasions from which they arose.

Having concluded our labours on Dr. ARMSTRONG'S lectures on acute disorders, we shall give an abstract of his lectures on Chronic Affections, in five parts; the first, on chronic affections of the brain and nervous system; the second, on those of the fauces, air passages, lungs, and heart; the third, on those of the stomach, intestines and liver; the fourth, on those of the urinary and uterine organs; and the last on the pathology and treatment of dropsical affections.

LECTURES
ON
PHRENOLOGY,
BY
DR. SPURZHEIM.

LECTURE II.

LADIES AND GENTLEMEN,

We are now arrived at the consideration of the *forehead*, and no one can be more convinced of the necessity of the brain than myself to the manifestations of the mind. It is a common opinion that the *intellectual powers* depend on it; but I confess that I feel more difficulty, by far more difficulty in showing that, than I have in showing that its existence is necessary for the manifestation of the powers called *feelings*. I would not advise you to begin the study of Phrenology with the intellectual region, for there are difficulties above difficulties in the forehead.

Size.

We have already seen that the foreheads are very different in their general size. Now as to the size of the forehead, we must make some reflections. The size alone is not the cause of the greater activity, it is only one of the conditions. In speaking of the intellectual powers, we have to consider the influence of the constitution, seeing that with foreheads of equal size, one individual will have powers more active than another. But we come now to the most immediate difficulty, which is to ascertain correctly the size of the forehead; not only is it difficult to judge of the diffe-

rent degrees of activity, but it is extremely difficult to ascertain the size of the development of the forehead. Now you would find that persons beginning with phrenology would say this is a fine forehead (showing one nearly perpendicular, but not very prominent); but a person of more knowledge would say, "It is very indifferent." Here is another; it is covered, as you see, with hair, and it seems a good forehead, (showing a model,) but is it so really? It appears large, but you might be deceived by such a forehead. Now if you reflect on what I have said on the divisions of the head, you will discover whether it is a good or bad forehead. I divided the head vertically into two regions, the one anterior, the other posterior to the ear; beginning then from the ear, see whether the greatest mass of brain lies anterior to it, or posterior; draw a line from the ear to the centre of the forehead, and see whether the radius is long from that centre. You see, in the model I have just spoken of, the distance is nothing, although it appears at first sight a good forehead. Therefore in examining the size of the forehead, do not be satisfied with taking a front view of it, but see it also in profile, and observe whether the whole mass comes out. Moreover, in the forehead in general you will find that the lower portion is commonly more developed than the upper. In consequence of the greater development of the lower part of the forehead, the whole may present a declivity, and you might be deceived by that, and say it is a bad forehead, when, in fact, it might be a very good forehead. (Two engravings of an oblique and perpendicular forehead were shown.) Now a beginner seeing them would say, "The straight forehead is the best, there can be no doubt of that;" but if he were to take a compass and measure the two, he would find that the greater development of brain from the ear would be found in the oblique forehead in this instance; so that you must examine the size in all its dimensions. Examine not only the surface or the front, but whether from the ear the cerebral mass comes out, and if you see a person with a reclining forehead, that may be caused by the greater projection of the lower than the upper part, and yet the upper part may be well developed. This, then, is one difficulty, and we come to another.

The *organs* situated here are all *small*, and we have some difficulty to distinguish one power from another, as the powers are numerous. If we take the posterior part of the head, we have there merely three powers occupying a large mass of brain double the size of the forehead, and yet we divide the forehead into fourteen parts. This division, or arrangement, is not arbitrary, as some persons suppose, but is such as is indicated by nature. We observe that certain feelings are combined with larger masses of brain than others. If the individual organs be large here, (the forehead,) it is easy to distinguish them, but it is not so easy where they are small. Every person may have powers enough to be a useful member of society, and yet not enough to constitute him a genius. Every one may have faculties enough to exercise his profession, but very few will be able to say, "I have a great genius." A man may understand mathematics without becoming a Newton; another may be able to put colours together without becoming a Titian. Great talents are rare; but if you find an individual who excels in any branch of the arts or sciences, you will find a great development of the brain hereabout.

Then, again, there are parts in the middle line extending also to the right and left, called the *frontal sinuses*, and these present another difficulty in the study of the forehead. The frontal sinuses are cavities situated above the root of the nose, between the external and internal tables of the skull, and communicate inferiorly with the upper part of the nasal passages. We know that these hollows or cavities exist, and therefore we do not mistake them for brain. Then, again, there is a space between the eyes, and the brain occupies that space as well as behind and above the eyes. Hence, if we wish to know the correct development of the anterior lobes, which are situated in this part of the head, we must take all these circumstances into account. There are difficulties to overcome for which study is required, and therefore I would not advise a

phrenologist to begin with this part, no more than a musician would advise his pupil to begin to play Handel or Mozart. If blunders are to be made, I am sure that they are more likely to happen with regard to the intellectual parts than the others, and therefore I should advise you to begin with the study of the posterior parts. But let us see how far we can overcome these difficulties.

The understanding of man is very complicated; we cannot examine the functions of the brain here according to the doctrines of the schools of philosophy; we shall find no organs of attention, of memory, of judgment, of imagination. All these things exist; there is attention, there is memory, there is judgment, there is imagination. As phrenologists, we do not deny any of them, but we maintain that these manifestations are not primitive; hence we cannot speak of organs of such manifestations; they have been looked for, but never could be found. Dr. GALL spoke of certain talents in the same way that he spoke of certain actions in the feelings, and as there are great poets, and musicians, and mathematicians, and metaphysicians, and as he found these great talents to exist, he spoke of organs of music, and poetry, and mathematics, &c.; but must we admit that there are organs for all these, or are these manifestations the results of a combination of several powers? My mode of judging is this, it seems to me that the mind acquires a knowledge of the external world, of external beings, then of the physical qualities of the objects, and of their respective relations, and, in the end, reflects and reasons upon them, and has knowledge; so that I think there are certain fundamental powers by which the mind acquires a knowledge of individual beings, and of their qualities. The organs which give these powers are placed just above the root of the nose, hereabout, (pointing to that part,) whilst the power by which the mind acquires a knowledge of the relations of objects appears to me to be placed a little higher up, and I think if you reflect on them, you will be satisfied that they are so placed. Before, then, you proceed to the investigation of the talents situated in the forehead, ascertain how far it is projecting, how far it is broad, and then see the individual development of the parts, and you will find, in a general way, that the lower part is much more projecting than the upper, especially will it be so in those who have the power of modelling and judging of size.

Let us see what are the individual powers attached to this portion of the brain, and see if these powers are not more active in some than in others? Now as to the configuration of the lower part of the forehead, only look at the situation and direction of the eye-brows, and you will be astonished at the varieties which they present; so great are the varieties, that any individual who would pay attention, would soon be able to distinguish and recognize persons by the configurations of the eye-brows, as we now commonly do by the appearances of the nose, eyes, and lips. It is really astonishing, is this variety of appearance; when I look round on the persons here, I see that some individuals have the eyebrows drawn up, in others they are quite the reverse: some, again, are quite horizontal, some arched externally, some depressed externally, and so they have various directions. Confining the attention merely to the configuration of the forehead, and after having noticed the great varieties of the eyebrows, regard next the distance between the eyes, and you will observe that in some the nose is very broad, in others very narrow; in some the part above, and at the root of the nose, will be prominent, in others quite depressed; only pay a little attention, and you will soon be convinced that there is a great difference also in this respect. Go to the eyes, and you will see that some individuals have the eyes much closer to each other than other persons; the eyes will be prominent in some, sunk and depressed in others; some having the space between the eyes broad, and the eyes themselves very much pushed out; and this peculiarity prevails even in nations; the French nation is more developed here than the German, and the greater number of English have the space narrower between the eyes and nose than the French. Take only

the two capitals, London and Paris, and you will find that many more French have the distance greater between the root of the nose and the eye, than the English. Some have the parts above the eye-brows quite depressed, and in others the parts project just as much. (Casts were shown, in which the differences described were very distinctly seen.)

Individuality.

I would say, that those who are very broad between the eyes will see things much sooner than those who are narrower there. Every artist, who has exercised his organs of *form* and *size*, will distinguish objects more correctly and quicker than those who have not exercised those organs.—Those who have exercised these powers have a great facility in acquiring a knowledge of the physical qualities of the things around them. First, then, we acquire a knowledge of the existence of objects, *individuality* as I call the power, the power by which the mind acquires a knowledge of the existence of beings. Some have denied even the existence of beings, as you know, but I would not do myself the honour of speaking here if there were no beings around me. (A laugh.) Now there are some individuals who are very fond of natural history, even from childhood, who like to know plants, animals, minerals, indeed all things around them, and you will see that they have a greater fulness here (between the eyes) than those who show no such desires. This is a power which is sometimes very active and produces errors, as happens in the feelings where they are too active and go alone. Some persons have great difficulty in distinguishing between *entia*, or the mere existence of beings, and *phenomena*, or the actions of beings or events. There is a great difference between them, yet we know that even in the medical art it is very common to speak of insanity as a being, and we speak of many other functions as *agents* instead of *events*; they have been personified, so to say, and individuals who have a great tendency to personify phenomena have this power strong—individuality. Look at those who are fond of natural history, who excel in botany, geology, and so on, and you will find them broad here.

Form.

Next we acquire a knowledge of the forms of objects; there are persons who have great talent and taste in forms, and others who are almost insensible to form. It is certain that you will find a greater number among the French, as a nation, who are extremely sensible of form, than among the English, and whatever the French artists take in hand they finish. This form is essential to portrait painters; it is the power which gives them an inclination to finish well. I do not mean to say but that the English portrait painters can finish as well as the French, but if they see that the public do not value the finishing of the painting, and are content with what is called a good likeness, they will not finish. Look to the works of art in common life, and the French workmen will be found superior in this respect; they finish what they take in hand better than the workmen of this country. It is a power also essential to architects; you will find that all those persons who excel as architects are broad here. Observe the Italians, and you will find this organ much developed in them; it is essential to sculpture, and the organ which belongs to form and configuration is placed between the internal angles of the eyes; the cerebral parts placed on both sides of the optic nerve push the eyes outward. Look at the cast of RAPHAEL, and you will see that from the middle line passing down the forehead, and not of the nose to the eye, on each side the space is very great. There is more difficulty in ascertaining the development of this organ in adults than in children, on account of the frontal sinuses, as I have before explained. This individual power may be very active and yet act imperfectly, just in the same way as happens to a person who likes colours, but yet has not a taste for colours. There are others who have a taste for music, but have no judgment of it; persons may have great intellectual powers, and yet want judgment; so a person may be disposed to look for form, and yet

not have a good judgment of forms. Judgment refers to the mode of acting, it is not the power; power may be active, and if it act in a certain way then we say there is judgment.

Size.

Above form we admit the organ of size to be placed. An artist may have made a form, and when you look at it you see there is no proportion.

Colouring.

There are individuals who have natural tastes for colouring; if you ask them whether it depends upon any will of theirs to place colours together, they will answer no. There are others who will put colours together, but they never harmonize. We observe that some ladies are good judges of colouring, and when they dress they choose such colours as harmonize; and there are others who will dress in all the colours of the rainbow, and yet never get the colours to harmonize; the more colours the better are they pleased. (A laugh.)—Look at those who excel in colouring, and you will find the eyebrows arched upwards. Look at this picture of RUBENS, and you will see how the eyebrows go up, quite curved. You will find that all those who have displayed taste in colouring have this part of the brain more developed than others who have no taste. I can give you this part as quite certain. Sometimes persons cannot distingnish even one colour from another, and what is very peculiar, the greater number of persons who mistake one colour for another cannot distinguish red from brown. There is a gentleman in Dublin, fond of drawing, and he would have been fond of colouring, although he might not have equalled CLAUDE, but he could not distinguish colours, and he painted a tree red instead of green. There was a gentleman at Edinburgh who could not distinguish red from green. I knew a female who could only distinguish white from black, all the intermediate colours appeared either as one or the other. The case of OTTLEY, in Dublin, I suppose you are acquainted with; he could only distinguish the shades of green and red; if you placed before him a dark-green and a light red, he could distinguish one from the other as differing in shade, but if you placed a dark-green and a dark-red together, he could perceive no difference, he would say the colour is the same. He would say, "I receive one impression from the dark-red and the dark-green, and another impression from the light-red and the light-green, but the species of impression is the same, the only difference is the shade. Sometimes this defect runs through a family. I know a family on the Continent, all the males of which labour under this defect, and the girls can distinguish all the colours perfectly well. In judging of the powers situated here about, there is the difficulty of the frontal sinuses to overcome; I grant that, but they do not interfere with the organ of colouring, although they do a little with individuality and size. Now if you find such a sharp ridge as there is here, you may suspect that the projection is owing to the frontal sinuses (showing a model). You should begin early in life to observe accurately these powers, and you will find some children of eight, ten, or twelve years of age, who will recollect persons after having only seen them once, and in such you may expect to find individuality strong. Others begin to draw very early, and you may observe the organization in children without any fear of being misled by the frontal sinuses, but about 14, 16, and 20, they begin to form. In very advanced age, and sometimes from disease, it appears that the whole forehead is hollow. I have seen a skull in which the separation between the external and internal tables was about an inch. Children are very attentive to the beings around them; they wish to know every thing, every plant, animal, and so on; but there comes an age when things around us possess less interest; we think we are already sufficiently acquainted, and our anxiety to know things is removed. When I hear a person say that I had a good memory once, I could learn by heart very well, but my memory now goes away by degrees, then I think the frontal sinuses are developed, but we need not wait for old age, or study

the powers of the mind in a diseased condition of the parts. Let us still consider a few organs here about, because I wish to give some further remarks upon the powers placed around the orbit. I have spoken of individuality in the middle line, low down between the eyes, then of the organization destined to form or configuration. Here again, toward the middle of the eyebrow, is the organ of colour, so that if the space be large between the eye and eyebrow, I should say the organ of colour is well developed. Whenever you see the eyebrow more drawn up toward the external than the internal angle, you may be sure of this power.

Order.

If we come to the external angle of the orbit, we observe a great difference between the English and French; the French are generally less broad between colour and the external angle than the English. Again, compare the Irish and English, and you will find the English much broader here, between colour and the external angle. By experience I have found out that this is the part connected with *order* and arrangement. Some children are very much disposed to set every thing in its place, whether toys, articles of dress, or furniture, and there are others who are fond of scattering every thing about in most "admired disorder;" now the first of these will show the organ full. I have known some ladies who were quite disturbed if they saw a spoon or a knife out of its place at table, or if a chair was out of its place in a room, and you may depend always on finding the organ well developed in such persons. At the external angle of the orbit is the organ of calculation. Here is the cast of a little boy who, without any education, displayed great power of calculating, and you must observe how much this part of the brain is developed. The fulness of this cerebral part commonly elongates the brow and deepens the external angle; whenever I find the external angle deeper than the internal, then I admit that the organ of calculation is large. Look at all great mathematicians, and you will find that they have it large; but this power is destined merely to calculate, not to give the knowledge of the principles of mathematics, no more than size alone can give a man a good knowledge of geometry, or the perception of colour make a good painter. All those who are full here, externally, at the external part of the orbit, have a talent for calculation. This deepening of the external angle gives a person a dark look, a thoughtful, designing look, whilst painters and poets have a great hilarity of look; mathematicians, on the contrary, have a grave *sombre* appearance, because the eye is covered by the external angle of the orbit.

Locality.

Now we come to the middle part of the forehead, and if you see great breadth here it indicates the form of objects, and a little above this is the organ called *locality*. Some persons show a very strong local memory; they remember every place they have seen, and others can never find their way. Some animals manifest the greatest power of knowing places; animals have been brought from Liverpool to London by water, and yet found their way back to Liverpool again by land. Pigeons have been taken in sacks to great distances, and have yet found their way home; and some have called this power a sixth sense. A dog was taken from Lyons to Marseilles, and from Marseilles to Italy by water, and yet the dog found its way back through Italy to Lyons. There are individuals fond of scenery; they are fond of travelling, fond of seeing countries, and they sacrifice many comforts in order to satisfy that inclination, whilst others, if they travel, fall asleep in their carriages. Among the artists there are many who show themselves most attached to scenery, and prefer landscapes to portraits. This power of great local memory was noticed by the Jesuits at that period when they were made the guardians of education; they observed that some children manifested strong local memories and others had very weak ones. The knowledge of places, and the talent of judging of their relative situations, belongs to this one fundamental power; and the

organization is placed here about, a little above size. If I find an individual who has this part very full, I am sure that he is fond of travelling. If you know an individual who would recollect where a book is placed in a large library, and who could go into the library and fetch it even in the dark, you will find this organ of *local memory* strong in him. It is somewhat difficult to separate the organ from the eyebrows, but it is placed a little higher up. Such persons as have this organ full are fond of scenery, have a great inclination to travel, and if painters, they are fond of landscapes; you will find the power active in such persons, and it gives local memory.

LECTURES

DELIVERED BY

MR. CRAMPTON

IN THE THEATRE OF THE NEW MEATH HOSPITAL, DUBLIN.

LECTURE 2.

GENTLEMEN,

At our last meeting I had indulged in some practical observations relative to the venereal disease, but it has since occurred to me, that at the conclusion I might have been asked an awkward question by a disciple of the Hunterian school, viz. to which species of the venereal disease did my observations apply? I shall, therefore, before proceeding farther, lay before you the definitions which have been given of this disease; and I intreat your particular attention, while I endeavour to detail and examine fairly and fully the opinions which divide the medical world upon this subject. The only proper way is to state the case of each party, then, as an impartial judge, sum up the evidence, explain the law, and leave you, Gentlemen, to return the verdict.

There are two opinions relative to the origin of the venereal disease: the first and most ancient is, that a disease capable of being propagated by infection, was first introduced into Europe in the year 1496; that this disease admits of, and that it has actually undergone, various modifications from climate, medicine, constitution, &c.; that in every form it may be cured by the efforts of the constitution alone (when I say may be cured, I mean that such cases occur, though by no means frequently); that mercury, when properly managed, is a complete antidote for this disease, but that in some persons, owing to a peculiarity of constitution, this antidote acts as a poison, and produces a distressing and irritating train of symptoms. That the disease may be cured without mercury, is a modern discovery, and one from which the happiest results have been obtained. The second opinion, is that maintained by JOHN HUNTER in his great work on the venereal disease. He does not think that the disease was brought from the West Indies: he admits that it is subject to various modifications, but he contends that there are several undescribed diseases confounded under the name of syphilis. He supports this opinion by a number of cases; the following one will serve as an example:

"A gentleman had for some time blotches on his skin; the face, arms, legs, and thighs were in many places covered with them; and they were in their different stages of violence. In this situation he applied to me; and I must own they had a very suspicious appearance. I asked him what he supposed these blotches were; he said he supposed them to be venereal. I asked him when he had a recent venereal complaint; he told me not for above twelve months. I then asked him how long he had had the blotches; and the answer was, above six months. As this was a sufficient time for making observations upon them that might ascertain better than the mere appearance what they were, I asked him if any of the blotches that came first had disappeared in that time, and he said many; I desired to see where those had been; and on examination I found only a discoloured skin, common to the healing of superficial sores. I then declared to him that they were not venereal, for if they had arisen from that source, none of them would have

disappeared. He now informed me, that he had been taking mercury; and this information obliged me to have recourse to further inquiries; and I therefore asked him whether, while he was taking mercury, many of the first got well? The answer was, yes. And was the cure of those imputed to mercury? The answer was again in the affirmative. I then asked him, if, while he was taking the mercury, which appeared to have cured some, those that now remained, arose? Yes. My next question was, how long had he taken mercury? He said, for six months. I then declared they were not, nor ever had been venereal. I asked him, what was now the opinion of his surgeon? He said, that his opinion still was, that they were venereal, and that he should go on with the mercury. I advised him to take no medicines whatever, to live well, avoiding excess, and to come to me in three weeks; which he did, and then he was perfectly well, only the skin was stained where the blotches had been. He now asked me what he was next to do? I told him he might go to the sea and bathe for a month. This he did, and returned well and healthy, and has continued so."

Now Mr. HUNTER was perfectly justifiable in considering these blotches not to be venereal—that is, if what he assumed as a fact were really so, namely, that the venereal disease cannot be cured without mercury. But since his time the contrary has been proved to the satisfaction of all inquiring men. Mr. ABERNETHY adopts the same opinion as Mr. HUNTER, and even goes farther: he says every symptom will invariably increase, unless you give mercury, and he still maintains this doctrine in its fullest extent. "As far as my trifling, corroboration would go," says Mr. ABERNETHY, (Lancet, Vol. VI. p. 161, a number of which the Lecturer held in his hand,) "it would support Mr. HUNTER's assertion as to the formation and progress of chancre, and that it continues to increase, unless counteracted by mercury." To strengthen this assertion, he relates in another Lecture the following case of a medical student:

"He had, in opening a bubo, scratched his finger, and infected it with the matter. The scratch fretted out into a sore of about the size of a sixpence; it was very intractable and slow in healing. He became rather anxious, and consulted me; I said, that I did not think it a syphilitic sore, for it had not the thickened edge and base, and other characters of a venereal chancre. I therefore recommended him to try the effect of local means, and not to take mercury. It went on very indifferently for about a month, and then began to heal a little, and contract in its circumference. About this time a swelling took place in the arm, just on the inner side of the biceps muscle, where the absorbent vessels pass, and he came to me with a doleful countenance; Oh! sir, I am poxed to a certainty, see here is a bubo forming in my arm. I examined the sore on the finger, and as I saw it was disposed to heal, and that it had no surrounding induration, I said to him, 'I will not practise my profession any longer, if that bubo is syphilitic, for I'll be hanged if it's any use. Do not take mercury, but apply a spiritous lotion to the part, or the Goulard's wash;' under this treatment, the tumour in the absorbents subsided, and the sore healed. About three weeks after he called on me, and said that he had ulcerations in his throat, and requested me to look at them. I did, and I saw ulcers deeply excavated, with irregular edges, with a surface covered with matter, and just such as would induce any man to say, who had not considered the subject, that they were venereal. Shortly after, some copper-coloured eruptions appeared on his face and breast. 'Ah! it is all over with me now,' said he, one day; 'I wish I had begun to take mercury at first.' I would not take mercury if it were my case, I told him, but advised him to have the advice of some other surgeons, and hear what they would say. They told him it was a decided venereal eruption, a decided venereal sore throat, and so on. They advised him immediately to go into lodgings, and begin to rub in, for that the mercurial course had been very improperly delayed.

"Whilst the patient was looking out

for lodgings, in order that he might go through the mercurial course, a circumscribed thickening and elevation of the pericranium appeared over the frontal bone, nearly as large as half a crown; it was as fine a corona veneris as any man could wish to see. I shall never forget the agitation and the alarm in which he called on me one morning. 'I am ruined, I am ruined; see here, see here,' putting his hand to the swelling on his forehead, 'Is not this syphilis? What do you think of it now, sir?' 'Think of it, why I am more convinced than ever that it is not syphilitic, for I never knew in my life the occurrence of a true venereal node simultaneously with sore throat, and so on.' Just as he was about to commence his inunctions, he was required to go into the country on some very important business, and away he went, considering himself as the most unfortunate fellow on earth, a ruined man, and so on. I advised him not to be out of heart about it, for I was sure he would get better. But oh! there was no consolation to be afforded him, and away he went with a batch of the blue ointment, determined to rub in on the first opportunity. In about a fortnight after, I heard from him; he said he had been very much benefited by his journey, that he had been prevented from beginning the use of the mercury; that he did not think he should now use it at all, for that his throat was getting well very fast. Soon after the node disappeared also, and he perfectly recovered, without any mercury having been used."

Here Mr. ABERNETHY, from a preconceived opinion, is determined in assuming that this sore was not a chancre, because it had not a thickened edge and base; now the fact is, *no chancre ever has such a base or edge when it occurs on the common skin.* Mr. ABERNETHY must have been misinformed relative to the result of this case; at least I have heard a very different account of it. I have been told that this gentleman suffered for a long time from the ravages of this disease. But suppose the disease was actually cured without the use of mercury, surely that does not prove it to have been pseudo syphilitic! It is well known at the present day that the efforts of the constitution are sufficient in many instances to effect the cure of syphilis. I remember, a good many years ago, of having visited a gentleman of whom you must have heard much, the late Mr. D. of this city. He had got a chancre, and I ordered him to take mercury. He did so, and though, on account of his business he was exposed to much cold and wet, he continued to take his medicines. Ulcerations appeared in his throat; but, after taking the mercury for a fortnight, they disappeared. In four weeks they were succeeded by eruptions on the skin and nodes. I then ordered him to go through a full course of mercury; he said he was obliged to go to London on some business, and that when he returned he would do so. He went to London, remained there nine months; took mercury while there, and returned to Dublin quite well; and from that day to his death he was never affected by it. He married too, and had many healthy children. Being at that time a mercurialist in the fullest extent of the word, this case first made me doubt the doctrines I had hitherto so implicitly believed. I determined, being at that time surgeon to the Lock Hospital, to try some experiments on the subject. Accordingly I abstained from giving mercury to those patients who were admitted with chancres, until secondary symptoms should appear. I was surprized to find, that in numerous cases secondary symptoms did not appear at all. Since that period I have constantly held and taught the doctrine in my Lectures, that the venereal disease can be cured without mercury, and that in many instances the efforts of the constitution alone are sufficient to effect a cure. Mr. CARMICHAEL goes farther than Mr. HUNTER; he says, that there are four different eruptions (see Mr. Carmichael's work for a description of them); and that, by inoculation from each, a different eruption can be propagated; that these diseases were all known previous to 1496; that the chancre with the hardened base was the disease imported from the West Indies, and that the divisions which now agitate the medical world on syphilis, arise from the circumstance of this chancre having been con-

founded with the four diseases which are curable without mercury.

We shall now review the evidence which goes to support the three several opinions relative to the origin of the Venereal Disease. The first, which considers the disease as appearing in 1490, is supported by the following arguments:—

Infectious diseases on the genital organs have been known from the earliest ages. CELSUS has described many of them in his works, but there is not the slightest allusion made to any disease arising from such sores and affecting the constitution, until the beginning of the sixteenth century. Now it is rather extraordinary, that these accurate observers, who so minutely described the hardened base of the chancre, had never alluded to those eruptions on the skin which Mr. CARMICHAEL says existed long before the venereal disease was known. It requires a marvellous degree of credulity to believe that they could have been ignorant of such diseases, had they really existed, before the introduction of syphilis. The fact is, that when the venereal disease first appeared in Europe it was principally noted by the eruption with which it was attended. It was described as a new disease, not because it produced a chancre with a hardened base, &c. but because it was followed by those secondary symptoms. The common name too of the venereal disease in every language in Europe is derived from those secondary symptoms. The sores which were observed on the genital organs, previous to the introduction of the venereal disease, were, in their worst state called the malignant, but there never was any, the slightest, allusion to eruptions of the skin, &c. It is agreeable to analogy that specific diseases should be modified by varieties of constitution; I may cite, as an example, the confluent and the distinct small pox; surely there is as great a difference between these two diseases as there is between any two modifications of the venereal disease. Two children will be inoculated on the same day with the same infection; on the third day they become ill, the first has a slight head-ache, which is relieved by vomiting, and is able to run about with the pock on him; the other has violent head-ache, vomiting, delirium, and all the other symptoms of confluent small pox follow; and yet both these children were inoculated with the same matter.

Different forms of the venereal disease have been communicated to different individuals by the same woman; remarkable instances of this kind are recorded by Mr. GUTHRIE. In the barracks, at Mullingar, a poor woman, having fallen in a fit of apoplexy, was conveyed to the hospital. In a few days she was sufficiently well to receive the addresses of the orderly sergeant and a soldier; both were infected, one had a gonorrhœa and the other a foul sloughing ulcer of the penis. I examined the woman, and could not discover the smallest trace of the disease on her, and for several weeks she remained in the hospital, all the time in good health. The mere puncture of a lancet, in one person, will excite, perhaps, erysipelatous inflammation, while in another it will be attended by no bad consequences, and in a third a slight wound will cause tetanus. It is a law of the animal œconomy, that irritants produce effects more in relation to the subject upon which they act than to the nature of the poison. The second opinion maintains, that there will be a multiplication of symptoms, and that syphilis will be progressive in its bad effects unless arrested by mercury. This opinion is not only not founded on fact, but the contrary has been proved and admitted. Mr. ABERNETHY alone holds out, and he endeavours to get out of the scrape by asserting, that the real venereal disease does not exist at present; that he never sees a real Hunterian chancre now, and therefore that no experiments can be performed on the true syphilis. Here is a melancholy proof of the tenacity with which men cling to their opinions, no matter how absurd or unfounded; in fact, just as parents cling to their offspring in proportion as they are rickety and ill made.

Mr. CARMICHAEL holds, that there are different diseases included under the name Venereal. This is the third opinion; but he has given up the opinion that syphilis is incurable without mercury. He has, in his new

work, founded his opinion upon a mere set of experiments, and he thinks that in each ulcer which he has described he has observed a distinct character. In dissenting from Mr. Carmichael I do so with the greatest respect for his ability and information. His work displays great talent, and is highly creditable to the profession in this country; I am, therefore, sorry to see a few personalities introduced into a work of such sterling merit; I trust they will, in the next edition, which I am sure will be called for, be entirely expunged; they do not—they cannot serve the cause of truth, and were even Mr. Carmichael attacked, I think the best way would be to let it pass unnoticed. This work contains by far the best account of the various forms of the venereal disease, and the mention of it leads me to speak of the mercurial and non-mercurial doctrines. The latter, indeed, in its strict sense, has been given up by all, with the exception, I believe, of Dr. THOMSON of Edinburgh. The mercurial plan has been modified by Mr. Carmichael. The first destroys the local action of the chancre by producing an ulcer, and he then gives mercury to preserve the constitution; but this is not the best plan, for nine times out of ten, if you destroy the surface of the sore early and effectually, no secondary symptoms will follow. This is the plan adopted on the Continent. I object to wait for three weeks, as recommended by Mr. Carmichael, after the sore has healed, before you give mercury. You thus allow the disposition to be formed, and if secondary symptoms are to appear at all they will appear in spite of you. If the surface of the sore be effectually destroyed by lunar caustic, it is twenty to one that secondary symptoms will never appear; but if the chancre, after having been cauterized, be not healed at the end of three weeks, and that you then begin to give mercury, you will undoubtedly have secondary symptoms.

In a public hospital where I attended, and where the non-mercurial plan was adopted, I found every species of primary sore cured by soothing applications and giving antimonials; but some there were which resisted this mode of treatment; we then pushed mercury to the fullest extent until we healed the sores, yet secondary symptoms followed in the proportion of one to three. They would first appear in the form of iritis, then sore throat, eruptions, and pains in the bones. We found them all, except iritis, yield to sarsaparilla, but they would be sure to return, and we were then obliged to put the patient under a full course of mercury. Do not use the nitrate of silver to destroy the surface of the chancre, but apply a solution of the sulphate of copper. On the second day apply Goulard's lotion; the same on the third day, if the chancre be not healed. If after the 5th day the chancre be not healed begin with the blue pill, for if you wait for three weeks before you give mercury, you will have to administer it under unfavourable circumstances. It is a great advantage to prevent the disposition to secondary symptoms from forming.

In the upper classes of life mercury will not only be not injurious, but in many instances, where the venereal disease may not be present, it will prove highly serviceable, as in bilious habits.

FOREIGN DEPARTMENT.

ARCHIVES GENERALES—MAY.

Observations on the Lithontriptor, and M. Civiale's new method of destroying Stone in the Bladder.

ABOUT a year since, this method was first submitted to the consideration of the Academy of Medicine. The reception it then met with has led to the anticipation that any further remarks will be as favourably received. Since the report of the commissioners (MM. Percy and Chaussier) on this plan, and which they have thought proper to designate the *Civiale method*, many cases have been adduced, and of course many remarkable differences observed, necessarily requiring a modification of the means he had recourse to, which has given rise to the following remarks:—

Patients on whom the Operation was promptly and easily performed.

Case 1.—Madame Delange, of Arpajon, near Paris, aged 72, exhausted by pain and fatigue, came to solicit the employment of M. Civiale's method on her, and which was carried into effect on the 23d of last August. The introduction of the instrument was not so easy as might have been expected; but the seizing the stone, which was the size of a small walnut, and so friable that the weight alone of the forceps would have sufficed to divide it, was easily done. The smaller fragments were voided with the urine, the others were drawn out five days subsequently, in the presence of M. Richerand. An attentive examination was decisive of the cure being complete. Madame Delange, entirely freed from the stone, soon recovered her health, spirits, and *embonpoint*. Nothing else occurred in this case deserving notice.

Case 2.—M. Maud'huyt, lieutenant of a ship at Brest, for five years affected with stone, came to Paris in June last. He was relieved in two sittings. M. Serres, and five other medical men, were present. The first took place on the 21st of June. To introduce the instrument, take hold of the stone, the size of an almond, in two modes, and bringing away two pieces, occupied but 17 minutes, during which time the patient ceased not to amuse himself with the persons present, and among others Madame Maud'huyt, who would not leave him. The second operation occupied but twelve minutes in seizing, crumbling, and withdrawing a second stone, smaller and less hard than the former one, the nucleus of which yet remained in the bladder, and was extracted some days subsequently. This nucleus, composed of oxalate of lime, overlayed by uric acid, was rather more than the third of an inch in diameter. M. Maud'huyt preserves it as an object of curiosity.

Case 3.—M. Azile, one of the house-keepers at the Tuilleries, afflicted with stone, was admitted into one of the infirmaries for the purpose of being operated on by M. Dupuytren. Frightened by the appearance and dangers of cystotomy, he preferred submitting to the new method. On the 17th, 21st, and 28th of last October, was accomplished the destruction of a foreign body, which had for many years existed. MM. Dupuytren, Devège, and several other distinguished practitioners were present to witness with what ease and promptitude the stone was found, laid hold of, and crushed by the new instrument, even after it had evaded detection by the sound. On the 5th of September the bladder was examined, when the certainty of the cure was decided.

Case 4.—M. Perin Lepage was afflicted for some time with a stone, which was removed at three sittings in July last, when were present MM. Samuel Brown, Richerand, Moxe, and many other foreign and French practitioners. During one of the intervals of the re-unions, M. Lepage experienced one of those violent attacks of nephritic cholic, which he had been subject to from the first appearance of the symptoms of stone, and of which there has been no return since the important cure.

The family of M. Perin presented a remarkable instance of the hereditary liability to this distressing affection; his mother was afflicted with it; it threatened in one of his grandchildren, and an infant of M. Perin's died of it at the age of nine years. The operation was attempted in the last, but an organic alteration of the two kidneys was detected, and prevented the further prosecuting the measure. On examining the child, which died five months after, those two organs were found greatly enlarged, and in a putrid state.

Case 5.—Captain B. of the first regiment of Chasseurs, had a stone for five years; he had been operated on at six distinct intervals, owing to his not conforming to the line of conduct and regimen imposed. Several medical gentlemen were present also at this case, and bore testimony to with what facility the stone was embraced, crushed, and extracted. M. B. has enjoyed the most perfect health ever since.

Case 6.—Six sittings have been necessary to destroy two moderate sized stones, which M. Desprets of Brest

has suffered from. The operation was performed in the presence of MM. Demours, Vigaroux, Laurent, Gillet, and Delatre. M. Desprets had been endeavoured to be persuaded from submitting to this method, by one of the most eminent surgeons, but he nevertheless allowed it to be performed, and recovered from it without suffering any febrile attack.

Case 7.—A stone of the size of a large walnut was extracted from M. Remond of Chartres, in seven sittings. Seven surgeons were in attendance on this case also. The patient, although of an extremely irritable disposition, experienced but a very slight accession of fever.

Cases in which the Operation has been long and difficult, and the cure sometimes uncertain.

All patients do not derive, in adopting the new method, such a ready and easy cure as in the foregoing cases. Some carry about with them, for many years, one or more stones of large dimensions, the destruction of which requires many attempts. In many stone cases, evident alterations of the bladder itself, and kidneys, are observable, accompanied with disordered functions, as frequent emissions, and distressing puriform discharge of urine. In a few instances, an extreme sensibility of the bladder takes place, on the mere introduction of the catheter, and determining symptoms of a very alarming nature. In these cases, therefore, the practitioner encounters embarrassment and uncertainty. In operating he ought to anxiously watch the pathological condition of these suffering organs, for, otherwise, an unfortunate termination would be attributed to the operation, when, indeed, it would be perfectly independent of it. To do nothing in favour of such distressed objects, would be to renounce a duty the most sacred for the cause of science and humanity. Convinced by experience and reason, and supported now by long practice, that the application of the new method does not bring discredit when it does not succeed, I fear not to employ it, says M. Civiale, in all doubtful cases, always, however, stating the liability of a failure to the patient beforehand. The following are the results obtained.

Case 8.—M. Le Baigue, an asthmatic old man, extremely corpulent, was for many years tormented by a very large stone, which required ten attempts before it could be got away. The largest size instrument was constructed for this case, it being four lines, or a third of an inch in diameter. Notwithstanding this, with the asthma, *embonpoint*, and the magnitude of the stone, which slipt several times in the two first sittings, the patient was perfectly cured, after voiding much powdery matter, and a great number of fragments, some pretty large. Four months after, M. le Baigue, who for some time previous had felt a dull pain in the right hypochondriac region, was seized on a sudden with very acute pains occupying the flank, inferior part of the chest, the thigh, and ham of the right side. An assiduous attention of the faculty could not prevent the disease increasing, and eventually terminating in a large abscess, extending from the diaphragm to the crural arch. The *autopsie* showed one kidney disorganized, and the great lobe of the liver sensibly altered; the bladder, quite in a healthy state, presented no vestige of any stone.

Case 9.—Of all my patients, continues M. Civiale, that wherein the cure was most protracted was the case of M. C., the size and number of the stones requiring ten sittings for their destruction. No severe inflammatory symptoms appeared, and at no time was the patient prevented from attending office. What is remarkable is, that the bladder, instead of being excited by the frequent application of the instruments, lost its sensibility in direct proportion as the number of performances increased, that, in short, the operation became less painful each subsequent time.

Case 10.—If the case of M. C. was interesting, as showing with what impunity the bladder may be attacked, that of M. Thubeuf, a priest, is no less so, from the number of stones withdrawn, amounting altogether to sixteen, some whole, some split in half or three quarters, both in the bladder and urethra; many of them were an inch and half in circumference. The greater portion of the practitioners in attendance were of

opinion that the stones came from the kidneys. The difficulty M. Dupuytren has experienced, as has also myself, in detecting the stone with the sound, the favourable change in the appearance of the urine after the extraction of the four first, the remarkable change of colour in the one withdrawn after a severe nephritic cholic, occasioning the delay of the operation for six weeks, the dull but fixed and constant pain felt in the left kidney, all tend to show the great probability there is for supposing the major part of these little *calculi* to come from the kidneys. Still M. Thibeuf enjoyed good general health, and notwithstanding his being exceedingly irritable, a stone was removed latterly every two days without occasioning any grievous injury. The treatment of this case is decisive of considerable enlargement of the prostate, not impeding the employment of this new method, as was at first supposed.

CASE 11.—M. C., aged 72, in a state of weakness and exhaustion approaching to consumption, was afflicted for many years with a number of *calculi*, for the removal of which several sittings were required. MM. Montagu, Brown, and some other medical gentlemen assisted. At the moment when the vital energy seemed restored, when he thought to obtain a cure, M. C. was seized with an intense inflammation of the stomach, which destroyed him in six days. The *autopsie* was instituted during the absence of M. Civiale, but the stomach and part of the intestines proved to be in a high state of inflammation. The bladder, which contained a very small fragment of one stone and the third or quarter of another, presented nothing further out of the common way; the mucous membrane was slightly injected, as is the case when the stone has existed for a length of time. This phlogosis, an effect of the presence of a foreign body, manifests itself on the living, by the urine being continually ammoniacal, puriform, or, at least, highly charged with mucosity.

Three other cases are cited similar to the foregoing, for the purpose heretofore mentioned; and then M. Civiale goes on to say,—I shall not now speak of those individuals worn out and in the last stage of disease and suffering, from allowing the calculi to remain in the bladder. It would be useless to make the least attempt in favour of such persons, and the treatment can only be palliative. Before terminating these observations, pursues M. Civiale, I must rebut the assertion of the difficult application of the instrument; it is only requisite to dilate the urethra for the introduction of the lithontriptor, the diameter of which is perhaps less than that of an ordinary sound; neither shall I reply to the pretended inconveniences attached to this forced dilatation. If I require the patient to use for some hours merely a flexible sound, it is only for the purpose of habituating the urethra to the presence of a foreign body, unless, in a case of *retrocissement*, or contraction of the urethra, where it is requisite to remove this last before attempting any means to get at the stone. Some have exaggerated the length of time that this operation requires. I deny these unjust assertions; two of my patients have been cured in less than half an hour; they each carried in the bladder for a few days only a small calculi, the size of a small hazel nut; the one was crushed and the other extracted entire. The stone of Madame Delange was the size of a small walnut, and yet it was crushed in ten minutes; to be sure it was very friable. When the stone is very large and hard it is necessary to attack it at different intervals, but this disadvantage weighs light when the general health is considered. While under treatment, no alteration is required in the mode of living; abstemiousness and rest on the day of the operation are all that is necessary; the next morning and following days the usual employment, if easy, may be entered on; in short, the most perfect health follows the separation of the last piece of calculus. Fears have been entertained relative to the solidity of the lithontriptor, and to the lesion of the vesical parietes; these disperse as soon as an examination is made of the nature and mechanism of the instruments. As for any doubts that may arise of relapse, on account of the escape of any fragments during the research, it is sufficient, to show how ill founded they

are, to consider the construction of the forceps, to observe the subtle powder which comes away after the operation, and the aptitude of the urethra in giving passage to the destroyed parts, even to pieces of some size. To reflect on the action that one of these fragments, always angular and cutting, would produce on the parietes of the bladder, when it contracts for the purpose of expelling the last few drops of urine, does not correspond to the happy state which the patient displays. In a word then, allow experience to guide the reasonings, unless cures of two years' date can yet appear doubtful.

From these facts it follows that,—1st, the lithontriptic method, or destruction of stone in the bladder, is applicable in a majority of cases, that is to say, where the dimensions of the stone *does not exceed an inch and a half in diameter*, and when it (the stone) has not caused a too great derangement of the bladder and health in general. 2dly, That its application is so much the more fortunate, and the cure more speedy, when the disease has been of short duration. 3dly, That the obstacles that would limit this application, arising from ancientness, and not from the nature of the disease, will go on decreasing, for on the first appearance of symptoms indicating its existence, the sufferers would be eager to have the operation performed, the more so, as the fear of cutting makes them support the pains and inconvenience attendant on the existence of a stone in the bladder. 4th, When from some untoward circumstances the *lithotomy* has not succeeded, the happy chances in favour of *cystotomy* are in no way diminished. Finally; that the introduction of the lithontriptic instruments, with the management necessary to seize and crush the stone, generally little painful, do not include any sort of danger, provided it is performed at a proper time and by skilful persons. As for the doubtful cases, before hinted at, the resources of art for recognising them and estimating the degree of alteration on the living structures, and those means which are had recourse to being very uncertain in their effects, it is necessary to defer until further opportunities present the consideration of this part of the subject.

Two Fish Bones found embedded in the Duodenum.

At a late sitting of the Academy of Medicine, M. Hervey read the case of an individual of advanced age who, during the latter part of his life, had complained of various severe affections of the digestive organs, and particularly of a diarrhœa, which frequently returned. On examination of the body two foreign bodies were discovered in the coats of the duodenum; they were about half an inch in length, very hard, of a greyish colour, and lying parallel the one to the other; they very much resembled portions of the teeth of a comb, or the bones of one of the larger species of fish.

A case of Aneurism of the Aorta, which opened into the Spinal Canal.

Laennec presented to the Academy the spine of a man who died from an aneurism of the thoracic aorta. The aneurism had burst into the spinal canal, after having caused, by its pressure, the absorption of the bodies of the vertebræ, and caused death by compressing the spinal marrow. During the last six hours of his life the patient had paraplegia. This disease was suspected during life, and an examination of the thorax was made by percussion and auscultation—percussion on the back between the spinous processes and the posterior costa of the scapula gave a dull sound; the stethoscope being applied to the same part furnished distinctly the natural sound of respiration, thereby indicating the existence of a tumour between the lung and the parietes of the chest.

Tubercular cavity in the Lung, with deposit of ossific matter.

It is common to find the tubercular cavity in the lung coated, or inclosed by cartilaginous matter, but the deposit of a layer of bone on the sides of the tubercular cyst is exceedingly rare. Laennec has only met with one case of this kind.

ELECTION OF HOSPITAL SURGEONS.

To the Editor of THE LANCET.

SIR,—Every individual who is injured by an arbitrary system has, in my opinion, a right to complain; and, through your kindness in publishing my letters, I shall, from time to time, contribute my share to the general resentment. The part of the system to which I more particularly allude, is that of electing individuals, who have been *Hospital Apprentices*, to the total exclusion of other surgeons, whenever a vacancy occurs at either of the Metropolitan Hospitals. The same rule is beginning to be observed at Infirmaries and Dispensaries. I proceed to trace the causes of these practices.

A licentiate of the College of Physicians can become an eligible candidate for any hospital in England. The same advantage, however, is not derived from being a member of the College of Surgeons. The late Act, which relates to lecturers on anatomy and surgery, will show how far "the College will, at all times, protect and defend every member thereof who shall, in any manner, be disturbed or interrupted in the exercise of, or be in danger of losing, any of the rights, privileges, exemptions, or immunities to which, as a member of the college, he is entitled." If the examination is not to be considered a test of ability, what are the rights, privileges, exemptions, and immunities to which a member is entitled? We have cause, sir, to recollect the ceremony of initiation, without the solemnity of the oath. But have not the Examiners, like the other members, sworn to maintain the dignity and welfare of the college? The mace and scarlet gown were obtained, I suppose, for this purpose. I am a plain man, sir, and look for something more than outward forms. I have no objection to scarlet; it is not, however, the emblem of innocence, and sometimes covers all that is mean, base, and contemptible. As a member of the college, I reject with indignation, from the Hunterian Museum, the whole, save one, of the marble busts; over that one I would place that beautiful line of Horace,—

Exegi monumentum ære perennius,

and leave the casual visiter to make the application.

It is not to be expected that those who support the present system, and reap the emoluments of it, will be at all inclined to give it up. It is to them what Falstaff said of the moon, "a noble and chaste mistress." But how men, self-elected, who notoriously abuse the confidence of Government, and legislate entirely for themselves, have deserved to have their busts placed in a public museum, can be referred only to a desire of satisfying the curiosity of future ages; they may like to look at the meanest as well as the greatest of surgeons. As the few unite against the many, may not the many unite against the few? For my own part, I think no better way can be found than for the Members of the College to hold a meeting, and call upon the College Examiners to show in what manner they have discharged their public duties.

"There is something rotten in the state of Denmark."

BRUTUS.

SURGEONS OF ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

"Nihil dictum quod non dictum prius, methodus sola artificem ostendit."

This is our friend STANLEY'S motto to his "Dissector," and, in good truth, he does not say any thing but what has been said before; his method is original. I do not wish to accuse Mr. STANLEY of an original *idea*, on the contrary, he seems to shun theory, and, like the credulous Mahometan, takes every thing on credit: perhaps he shows his sense in not thinking for himself. He is aware, that to him thinking is an unnecessary waste of time, and would elicit nothing. We, sir, the pupils of St. Bartholomew's, have a little claim on the peculiar attention of this gentleman; and were he to devote more of his time to forwarding the interests of the class, it would neither be a reflection on his gratitude, nor a libel on our *memento*. These remarks have been elicited in consequence of the manner in which Mr. S. conducts *post mortem* examina-

tion. It is manifest, that to preserve a specimen, and make a preparation, are the only points about which *he* is solicitous. The pupil may pay the *extortioner's fee*, and hope to glean some equivalent in the way of knowledge; but he is disappointed. Mr. STANLEY is too busily engaged in removing parts to attend to minor considerations, and instead of giving (like Mr. LAWRENCE) a full account of the case prior to death, the necessity for operating, the changes which subsequently occur, and boldly anticipate the cause of death—the parts are speedily removed, and the pupils unsatisfactorily dismissed. In the late case of hernia, Mr. STANLEY, presuming, we suppose, either on his superior ability, or his *theatrical* connection with Mr. ABERNETHY, *sans ceremonie*, seizes on Mr. EARLE's case, and, after *adopting* the usual means for reduction without success, either afraid to trust to his own judgment any longer, or not relishing the responsibility, sends for the gentleman who ought to have been primarily consulted: *he*, justly indignant at the dishonourable and unprofessional mode of proceeding, refused to interfere; and yet, sir, the *disinterested* Mr. ABERNETHY (in his letter to the Governors) tells us, that "Assistant Surgeons are worse than useless." As this occurred during Mr. ABERNETHY's accident week, why was he not at his post? Was he at Enfield rusticating, chewing the cud of his resentment against THE LANCET, and perfectly satisfied with his *locum tenens* at St. Bartholomew's? That there is a contrariety of feeling amongst the heads of the Hospital we are sensible of; but does it spring from a spirit of laudable emulation, or envy, hatred, and malice? It is rather singular, that in an institution the most noble and munificent ever offered at the shrine of *benevolence*, such an *uncharitable* spirit should exist. We have much to say to Mr. STANLEY, and pledge ourselves to dissect him properly. We know his *morbid* propensities, and shall avail ourselves of this knowledge to put up a few *specimens* for the benefit of the public and the profession. We remember the time when there was very little *functional derangement*, but he has since allowed himself to be tampered with by the BLUE PILL, and the sure consequences are *organic* mischief.

A PUPIL.

June 16.

CASE BOOKS OF ST. GEORGE'S HOSPITAL.

To the Editor of THE LANCET.

SIR,—I trust that a sense of justice (one of your leading favourites I believe) will induce you to insert the following lines, in answer to the letter of "Well Wisher" in your last.

I remain yours, &c.

A PUPIL OF ST. GEORGE'S HOSPITAL.

How "Well Wisher" could have "devised such a slander" I cannot conceive. It appears his desires are not satisfied respecting the arrangement of the case books. He must be a very foolish, and a very idle fellow. Foolish; because he might be sure, by making a request either to Mr. Hutchins or Mr. Hammerton, any case-book he pleased to have would be given to him. However, from my own experience, I can tell him it would be granted; but it is plain that "Well Wisher" is a young man who wont put himself forward. Idle; because his chief and only wish, which he expresses for having the case-book, is "to extract the history of the patient's case." Would it be too much trouble for "Well Wisher" to take a case himself? Is there any particular ability required in this? Accuracy, and a reason for every question you put, is the sum and substance of case-taking, in itself, I believe. Besides, there is something very contemptible in "extracting the history of cases" from a borrowed source. The other parts of "Well Wisher's" letter may be answered thus: He may be in any man's ward at 10, and stay till 2. His own modesty, perhaps, will give the women one hour's grace, and he may safely venture among them at 11. For truth's sake, and for the credit of St. George's Hospital, I must say that the assertions in "Well Wisher's" letter are mostly incorrect; whether from ignorance or malice he himself best knows.

Monday morning,
July 4, 1825.

HOSPITAL REPORTS.

GUY'S HOSPITAL.

Case of Strangulated Scrotal Hernia.

Philip Tapsell, a middle aged man, of dark complexion, and exceedingly muscular, was admitted into the Hospital about 12 o'clock on Saturday night, (June 25th,) under the care of Mr. MORGAN; he had a large scrotal hernia, which he stated to have existed upwards of nine years, during which time he had constantly worn a truss.

About three years since the hernia descended, but had not been down since then until Saturday morning, when being engaged in some employment as mate of a ship, by which the abdominal muscles were strongly called into action, the hernia descended, and he was not able to return it; he sent for a surgeon, who bled him, and attempted reduction by the taxis, but without success.

The tumour was firm, and painful upon pressure; the integuments not much discoloured, and the testicle could be felt at the lower part of the tumour; there was considerable tension, and tenderness upon pressure of the abdomen; and he had vomited before and since his admission; pulse 110 and strong: he was bled largely, and put into the warm bath, where Mr. MORGAN's dresser attempted to return the intestine, by the taxis; but finding these means unsuccessful, Mr. M. was sent for, who immediately decided upon the propriety of performing the operation, to which the patient consented; the patient had been in the Hospital only *two hours*.*

Operation.

Mr. MORGAN made his first incision through the integuments about four inches in length; and having exposed the superficial fascia, an opening was made, into which a director was passed, and the fascia slit up by scissars: the covering of the cremaster was, in like manner, divided, and the hernial sac exposed. We may remark here, that the different coverings to the hernia were very distinct, from the circumstance of the patient's muscularity.

The hernial sac being carefully laid open, was found to contain a very large portion of intestine, (we do not remember in any case to have seen so much intestine as in the present;) the gut was dark coloured, but healthy; the stricture, which was very narrow, was found to be at the internal abdominal ring, and was divided by means of a bistoury, in a line directly upwards; the intestine was easily returned, and the wound being closed in the usual manner, the patient was put to bed, and directed to take

Calomel, 8 *grains, immediately.*
Sulphate of magnesia, 6 *drachms,*

to be dissolved in warm water, and taken one hour after the calomel.

10, A.M., the bowels have been only once acted upon.

Pulse 110, with considerable sharpness; tongue covered with white fur; the patient is restless, and complains of thirst; there is not much tenderness over the abdomen; he was directed to be bled freely; a common purgative enema to be administered immediately, and fomentations were ordered to be constantly applied to the abdomen;

Sulphate of Magnesia, ½ *oz.*;
Peppermint water, 2 *oz.*;

to be taken every four hours, until the bowels should be well open.

27th. In consequence of the peculiar sharpness and quickness of the pulse, threatening peritoneal inflammation, he was again copiously bled last evening, but the pulse still preserves its character, 112 and hard; the bowels have been well evacuated; the tenderness of the abdomen is principally at the lower part. Repeat the bleeding to 12 oz.

28th. The patient is much better this morning; the bleeding had a decided effect upon the pulse, which is now at 94 and soft. Tongue less furred, and he expresses himself as "being quite comfortable;" up to the

* Read this, ye *doubting* and *delaying* surgeons of the Middlesex!

present time, the patient is free from any bad symptoms; and the wound is healing fast.

Case of Exostosis, continued from Vol. VII. *page* 315.

In our last notice of this case, we spoke of the operation as performed by Mr. MORGAN; and stated the patient to be labouring under much constitutional irritation; the febrile symptoms continued high for a few days until suppuration commenced, when the fever became of a hectic kind.

The separation of the periosteum from the tumour has occasioned its death, and the exostosis has been gradually discharged by the process of suppuration, and but a small portion of it now remains. The tumour was of that species of exostosis described by Sir A. COOPER, in his Surgical Essays, as *fungous periosteal*; it commences its growth from the inner surface of the periosteum, and appears to be composed of small spicula of bone deposited in a bed of soft cartilaginous matter,* which are well seen in the present case. The tibia, at the point of insertion of the sartorius and gracilis muscles, is one of the most frequent seats of this disease.

The immense suppurative process which has been going on has had considerable effect upon the patient's constitution; and, at one period, it was feared that he would sink under it; he is exceedingly pale and emaciated; his pulse continues quick, and he has night-sweats, but, upon the whole, he has rallied; he takes wine, and is allowed generous diet.

If the shell of the tibia be entire, and the disease be not extended to the cancellated structure of the bone, we may anticipate a favourable result. It may be said that amputation should have been performed in this case, and thus we should have avoided the constitutional symptoms which have been produced by exposing the tumour, and allowing it to be discharged by the tedious process of suppuration; but some cases are related in which, the limb having been amputated for this disease, a fungus arose from the cancellated structure of the bone of the stump, and thus proved fatal.

* There are some preparations in the Museum of St. Thomas's illustrative of this point, in which the exostosis having been deprived of its phosphate of lime by immersion in acid, the cartilage, which forms the bed, remains.

Case of Fungus Hæmatodes.

Thomas Gordon, aged 37, a man of spare habit and dark complexion, was admitted into the Hospital on June 15th, under the care of Mr. KEY, with a fungoid tumour on the inside of the left thigh, about the size of an orange; he gave the following account of its formation: he had for some time felt uneasiness and swelling on the inside of the thigh, and about two months since he perceived a tumour about the size of a walnut, which was painful when moved or pressed upon. Thinking it was an abscess, he poulticed it; the skin soon burst, and the tumour discharged a considerable quantity of blood; it continued to enlarge, and at intervals to bleed. He stated that he had always enjoyed a good state of health. Our report on the 20th of June (five days after admission) is as follows:—

The fungus is the size of a double fist, situated on the inside of the thigh (as it were arising from the abductor muscles); it appears as if starting out from under the integuments, which firmly grasp its base, and at this part are inflamed; there is great tension of the whole integuments on the inside of the thigh, and more especially below the tumour; the upper surface of the tumour is at this time sloughing, and is quite black; there is a considerable sanguineous discharge, which has a most offensive smell; the glands in the groin are somewhat enlarged, and there is considerable tenderness of the abdomen in the left inguinal region. The patient's health is now evidently suffering; pulse quick, and he is becoming emaciated. The following lotion is kept constantly applied to the tumour:—

Nitric acid lotion, 1 *pint*;
Proof spirit, 4oz.—*Mix.*

He takes a pill composed of calomel one grain, and opium half a grain, every night, and a dose of saline effervescing mixture every six hours.

25. A considerable portion of the fungus separated last night, and profuse hæmorrhage ensued, which continued to such an alarming extent that it was necessary to call up the dresser, who succeeded in arresting it by means of pressure on the femoral artery, and the application of spirit of turpentine to the fungus.*

July 2. The patient continues much the same; the fungus rapidly acquires a large size; then the process of sloughing takes place, and subsequent hæmorrhage; by means of pressure around the base of the fungus, Mr. KEY has forced out large portions at different times, and thus by diminishing the tension of the integuments, affords much relief. At the suggestion of Sir A. COOPER, the patient has taken hydrocyanic acid one drop, twice a day, in water; but it did not produce any sensible effect, and he has discontinued its use.

We shall notice the progress of this case.

Case of Encysted Hernia of the Tunica Vaginalis.

Thomas Harding, a muscular man, aged 58, was admitted into the Hospital on Sunday morning 26th of June, (about nine o'clock,) with a scrotal hernia of the right side. He stated that he had laboured under hernia for several years, and that it frequently came down; sometimes he was able to reduce it, but he has often been compelled to have medical assistance. The hernia descended on Saturday evening, and he sent for a surgeon, who bled him largely, and made frequent attempts to reduce it by application of the taxis; his efforts proving unsuccessful, the man was sent to the Hospital.

Soon after his admission he was visited by Mr. MORGAN; he was at this time sick, and had occasional hiccup; both of which symptoms he had before his admission, as we learned from the surgeon who attended him. He complained of a dragging pain and sense of weight at the epigastrium. Pulse quick and small. Mr. MORGAN, by means of very gentle pressure, and attention to the position of the patient, readily effected the reduction of the hernia. Common injections were ordered to be administered until the bowels should be relieved.

27. Upon visiting the patient this morning, we found all the symptoms that were present before the reduction of the hernia; distressing sickness was a prominent feature, with occasional hiccup; the abdomen was tense and very tender; and upon examining the inguinal canal, there was slight swelling and an unnatural degree of fulness in this part; the purgative injections had returned slightly tinged with fæculent matter, which was probably from the lower intestines. Pulse 98, small and contracted; tongue slightly furred. Thirty leeches had been applied to the abdomen early this morning, and after these fomentations were applied.

About half-past two o'clock P.M. the patient was seen by Sir A. COOPER, in company with Mr. MORGAN; at this time the symptoms continued as we have before described. Sir A. observed, "*These symptoms may be attributed to peritoneal inflammation;*" and he suggested the propriety of bleeding the patient, and of applying a blister to the abdomen, castor oil to be given immediately, and purgative enemata to be frequently repeated; these suggestions were complied with: the patient was bled to 12 ounces; the castor oil was immediately rejected. We visited the patient in the evening, and found none of the symptoms abated.

28. The hiccup and vomiting have been very distressing during the night; the bowels have not yet been relieved; the abdomen is tense and somewhat tympanitic; tongue brown in the middle; pulse small, and about 94. Mr. MORGAN expressed his opinion that, from a consideration of the symptoms, there was strangulation of the intes-

* In a case related by Mr. HEY, p. 251 "Surgical Observations," the hæmorrhage could not be restrained by pressure on the artery, and Mr. H. observes, "the natural contractility of the capillary vessels constituting the fungus is greatly diminished in this disease."

tine still existing, and probably at the internal ring; he proposed an operation to the patient, to which the poor man assented.

Operation.

Mr. MORGAN commenced by making an incision from about an inch above the abdominal ring to the upper part of the scrotum; having by this incision divided the integuments, the superficial fascia was carefully cut through, and the fibres of the cremaster being exposed, (which were very distinct,) they were divided also. Under the cremaster was a strong fascia, or covering, considered to be the hernial sac; a small opening was made into it, and a director introduced, upon which it was divided, the operator then passed his finger under this covering, through the external abdominal ring to the inguinal canal, and here something thick and unnatural was felt, but not intestine.

The next step in the operation was, to slit up the tendon of the internal oblique, and thus lay open the inguinal canal; this was accomplished; *after enlarging the wound in the integuments*, the fascia under the cremaster (supposed to be the hernial sac) was slit further up, still the finger would not pass into the abdomen. Each of the three surgeons present attempted, but without success. The substance in the inguinal canal was said to arise from a varicose state of the veins accompanying the cord; at this critical moment Sir A. COOPER stepped into the theatre; "all were intent," whilst he attempted to pass his finger into the abdomen, and examined the parts. Sir A. COOPER then said, "*There is no hernial sac*," and, taking hold of the fascia, which we have spoken of, said, "*This is the fascia of the cord*," and then addressing himself to the patient, said, "*My good man, all that can be done for you has been done*," and to Mr. MORGAN Sir A. COOPER expressed his idea of danger in opening the peritoneum; the wound was then closed, and the patient put to bed.

In the evening the symptoms continued; vomiting and occasional hiccup; bowels still constipated. He was ordered to take one grain of calomel and one grain of opium every four hours.

29th (noon). This distressing case is fast drawing to a fatal conclusion. The abdomen is exceedingly tympanitic; the pulse small and feeble, and the surface cold; his countenance is anxious, and he is exceedingly restless. He gradually became worse, and died at an early hour on Thursday morning.

Post Mortem Examination.

Upon laying open the abdomen, a slight blush of inflammation was found pervading the whole of the small intestines, and they were much distended with air; the general surface of the peritoneum did not appear to be inflamed, nor was there effusion, or any other marks of acute peritoneal inflammation. Upon tracing the intestines, a portion of the ileum was found strangulated *behind the internal ring within the abdomen* in a manner we shall presently describe; the portion of intestine strangulated was exceedingly dark coloured, and a large spot of gangrene was found at one part.

Upon attentive examination, it appears this was a case of encysted hernia of the tunica vaginalis; the fascia which laid immediately under the cremaster, which Mr. M. thought was the hernial sac, and Sir A. COOPER so *confidently* pronounced to be the "fascia of the cord," was the tunica vaginalis, under which was the hernial sac, the thickened mass supposed to be fat, or the veins of the cord, or something else. Had this been opened, the mystery would have been explained, for then the finger would have passed into the abdomen, but the intestine was not strangulated in the inguinal canal, or at the internal ring, but immediately behind it. Around the ring were numerous unnatural adhesions of the peritoneum, appearing like cicatrices, and there were two or three distinct pouches formed by means of these adhesions. Behind, and at the lower part of the internal ring was a pouch, or cul-de sac, the anterior edge of which corresponded to the outer and under

edge of the ring. Into this pouch the intestine had passed, and had there become strangulated. It is probable that an additional quantity of intestine had passed down into the sac, which we have described as within the tunica vaginalis, and this portion was returned by Mr. MORGAN in the morning, soon after the patient came in.

Encysted hernia of the tunica vaginalis is a rare species of hernia. It was first described by Mr. HEY as "a new species of scrotal hernia." He states that it arises from the parts being protruded, after the communication between the abdomen and tunica vaginalis is closed, "so that the peritoneum is carried down along with the intestine, and forms a hernial sac within the tunica vaginalis." Sir A. COOPER has also noticed this species of hernia; he states that the hernial sac is not formed by peritoneum, but in the following manner:—

"Opposite to the situation of the abdominal ring, adhesion takes place between the sides of the tunica vaginalis, and a pouch is thus formed, leading into the tunica vaginalis. A structure crosses the bag, directly opposite the abdominal ring, and thus shuts it up, and when the intestine passes into the upper part of the bag, the adhesion becomes elongated, and at length a sac is produced."

Having put our readers in possession of the *facts* of this case, we shall proceed to offer some observations upon the treatment pursued.

The first question that suggests itself is—did the symptoms indicate the existence of strangulated intestine after the reduction of the hernia had been effected? We certainly consider they did.

Notwithstanding Sir A. COOPER's opinion that they were preferable to peritoneal inflammations? and that they clearly pointed out strangulation of the intestine, as the dissection has unfortunately proved. If the symptoms led to the belief of strangulation, and a slight external swelling could be detected, it was probable that the strangulation was at the internal ring, or in the upper part of the inguinal canal. Under these circumstances, an operation was not only justifiable, but it would have been highly culpable to have neglected its performance. The professed object of the operation was to relieve the strangulated intestine, by dividing the stricture supposed to exist at the internal ring, and with this object in view, we think it would have been better practice at once to have laid open the inguinal canal in the manner recommended and usually adopted for hernia of the canal; but it is not upon this point we wish to express our censure, but rather upon the *ill-timed interference* of Sir A. COOPER. Mr. MORGAN was proceeding with the operation, and would have laid open the sac, had not Sir A. COOPER prevented him. After his public declaration that there was no hernia, and telling the patient that "all had been done," Mr. MORGAN could not with decency proceed in the operation.

From the peculiar manner in which the intestine was found to be strangulated, we do not think it would have been relieved, if the stricture at the internal ring had been divided in the usual manner, but it would have been satisfactory to the operator, and "*all* would *then* have been done" that was possible. Entertaining, as we do, the highest respect for Sir A. COOPER's surgical abilities, we regret his hasty decision upon this case. We consider that much credit is due to Mr. MORGAN for the correct view which he took of it; and we are confident that it was only from deference to the opinion of SIR A. COOPER that he did not complete the operation.

The operations performed this week are—amputation of the thigh, and the removal of an hydatid tumour, by Mr. MORGAN; the operation of lithotomy, and amputation of the upper arm, by Mr. B. COOPER.

The accidents admitted this week are—a severe burn; a compound fracture of the tibia and fibula; two cases of fractured os humeri; retention of urine; fractured patella, and a case of fractured clavicle and ribs.

ST. THOMAS'S HOSPITAL.

Effect of Injury to the Head.

J. T., a middle aged man, of robust habit, was admitted into Isaac's Ward on the 21st of June, under the care of Mr. GREEN. He is a man of very intemperate habits; and about a week since, being in a state of intoxication, he fell against the corner of a wall, which occasioned a severe wound of the scalp on the upper part of the head; the wound was dressed simply, and he went about his accustomed employment, but felt much pain and uneasiness in his head. He came to the surgery, as an out-patient, on the day preceding his admission, and was bled freely; when admitted, his pulse was 110 and full. Tongue furred in the centre, and red at the tip; he complained of intense pain in the head, with tenuetus aurium; the wound of the scalp was nearly closed. It was ascertained, that since the accident, he had persisted in his usual habits of intemperance, and had been frequently intoxicated. He was directed to be bled *ad deliquium*; the head to be shaved, and spirit lotion to be applied, and to take the following medicines:—

Calomel, 5 grains, immediately;
Sulphate of Magnesia, 2 drachms;
Infusion of roses, 1½ oz. every four hours.

25. The patient is not much relieved; the pain in the head still continues; there is considerable heat of the scalp; the eye has a preternatural brightness; pulse 112 and hard; tongue rather brown in the centre; the sensorium somewhat affected; the bowels have been acted upon twice; he was again largely bled, which produced much faintness.

26. Pulse less frequent and forcible; there is an erysipelatous blush on the integuments of the forehead, and the whole scalp has a puffy feel; the bowels are well open; tongue moist, but covered in the middle with a yellowish fur.

27. The patient has much oppression of breathing; the respirations are short and quick; and the colour of the lips and cheeks indicates some bronchial affection. Pulse 106; the scalp has an œdematous feel, with a shining appearance; and immediately over the left zygoma there is considerable swelling. The bowels have been well relieved, but the evacuations are very dark coloured and offensive; 20 leeches were ordered to be applied to the head; a dose of the saline effervescing mixture to be taken every four hours, and hyd. c. creta, 3 grains twice a day.

28. The sensorium was much affected last night; he labours under what has been described as "a muffled state of brain;" the breathing is still much affected, and he has a "stuffing cough;" there is less swelling of the scalp, but the face is much swelled. Pulse 108, and moderately firm; tongue moist on the sides, but brown and dry in the centre.

Repeat the application of the leeches, and let him continue to take the medicines.

27. Somewhat better to-day. Pulse 110, and weak, but he is perfectly rational, has less pain in the head, and he passed a good night; his cough is troublesome; tongue still continues brown in the centre; there is an erysipelatous vesicle on the nose; he had twenty leeches applied yesterday.

29. Pulse still continues quick and weak, and in other respects the patient is much the same.

July 2. Complains much of the cough, but he is evidently improving; he has no pain in the head; tongue clean, but dry; bowels open, and he sleeps well; he was ordered to continue the saline effervescing mixture, with the addition of 10 *drops of tincture of henbane* to each dose.

No operations have been performed here this week.

The only accident of importance admitted since our last report, is a case of compound fracture of the tibia and fibula.

BARTHOLOMEW'S HOSPITAL.

Case of Robert Pustle, continued from Vol. VII. page 388.

Wednesday, June 22. Not so well; was bled at nine at night to ʒxij.; blood cupped and buffed; sleepless night; quite delirious; and continued

so during the day; pulse 140; tongue rather white; difficulty of breathing with cough; bowels open; stools of a dark colour and very offensive; the limb of the same preternaturally hot temperature. Upon a review of these symptoms, Mr. L. carefully examining the part, supposing that matter might have formed in the sac, cautiously punctured the tumour with a double edged bistoury to the depth of an inch and a half. About an ounce of blood was discharged from the wound, which was immediately closed with adhesive plaster.

23d. Much the same as yesterday; pulse 140; passed a sleepless night; his mind still uncollected; passes his fæces involuntarily.

24th. Betraying much irritability, was ordered Mist. Ammon. Acet. ʒij.; C. Tinct. Hyoscyami ʒij. ft. Mist. Capiat. dimid. part. sext. hor.; in other respects much the same.

25, 26, 27. Has remained much in the same state; to-day a considerable discharge of fætid purulent matter took place from the puncture.

28th. A great change for the worse took place this morning; it was apparent to all he could not long survive; he died at half past two P. M. with considerable suffering; and was examined by Mr. Lawrence the same evening.

On Wednesday, after going round the hospital, Mr. L. went into the operating theatre, for the purpose of showing the parts that had been removed. He began by relating the case from the commencement; and we regret to say, that we were mistaken in reporting he had paid little attention to it, previous to his suspicions being excited by the attack of fever. He stated that he had not only examined it minutely himself, but pointed it out to the attention of several foreigners; who failed however in finding out the true nature of the tumour. In describing the operation, Mr. L. said, in performing it on former occasions, he had commenced by making a vertical incision through the integuments in the course of the artery, which he thought did not allow so much room to pass the ligature as the plan adopted in the present instance. The ligature needle was of steel and sufficiently pointed at the extremity, and sharp at the edges, (an idea of his own,) to make its way easily through the cellular tissue, without exactly cutting it; and on examining the part where it had passed, the hole appeared no larger than merely to admit of its passage; from which arose the great advantage of not destroying the vascular connections of the artery. The ligature was passed exactly mid-distance between the division of the common iliac, into the internal and external; and the origin of the circumflexa ilii and epigastric. A clot, of more than an inch in length, had formed above the ligature; not however so far up as the origin of the internal iliac, which no doubt would have taken place subsequently. The portion of artery below the ligature admitted of the passage of a probe on employing a little force. Hence then, as far as the operation and ligature went, the case perfectly succeeded. Mr. L. next dwelt at some length on the nature of the aneurism. It was of the diffused kind; its walls being formed by the surrounding muscles, without any appearance of a regular sac, and filled with coagulated blood mixed with pus. The blood was found in contact with the hip joint; a portion of the capsule, which was about the size of half a crown, was absorbed; as was the synovial membrane of the neck of the bone. Mr. L. also mentioned that the bone external to the capsule was deprived of its periosteum. The artery below the aneurism resembled an impervious fibrous cord. The inguinal glands, much enlarged, were matted together and spread out over the front of the sac.

The accidents this week are, broken leg; dislocated ulna and radius; fract. sternum and ribs, with emphysema; lacerated urethra from injury to the perinæum; fractured patella; a man with the integuments of the left arm pulled off; fractured ribs; two people bitten by dogs.

There have been no operations this week, except an amputation by Mr. EARLE.

MIDDLESEX HOSPITAL.

Case of Dislocation of the Knee Joint from Disease.

William Savage, a middle-aged man of sallow complexion, was admitted on the 21st of June as a patient of Mr. BELL's, with a dislocation of the knee joint of long standing; he came into the Hospital, wishing, unless it could be remedied, to have the limb removed. The knee has a singular appearance, the external condyle of the femur resting upon the inner depression on the head of the tibia, and projecting rather forwards. The tibia and fibula, of course, project outwards and backwards, and the integuments over the head of the fibula are very tense; the leg is in a semiflexed position, and the flexor muscles have a very rigid feel; the motions of the leg are very limited, and the whole leg feels numb, probably from pressure on the nerves. The patella feels as if partly united to the femur, for it admits of very slight motion.

The patient states, that about twelve months since he received a severe blow on the inside of the knee joint, from a piece of iron which flew from an anvil; this occasioned a wound, which, from the account given, probably passed into the joint, for he says that a yellowish thin fluid was discharged from the wound; he took no particular notice of the wound, and it apparently healed in a few days; some time after this, he went into St. Giles's Infirmary with ulcers on the legs, and after he had been there a short time, the knee swelled and became very painful; abscesses burst in various parts around the joint, and a profuse discharge of matter continued for many weeks; at the same time, the constitution suffered much. After the inflammation and swelling had subsided, he says that he perceived the knee to be "growing out," and this continued until it attained its present deformity. The limb is quite useless, and, indeed, is of so much inconvenience to the patient, that he is prevented from obtaining his livelihood. It would be right to amputate the limb, for an artificial leg would be much better than the natural one. Mr. BELL is probably *considering* the subject, for no treatment has been yet employed.

The accidents admitted this week are a case of lacerated wound of the head and face, a fractured patella, fracture of the tibia and fibula, two cases of hernia, which were reduced, and other cases of less importance.

On Tuesday Mr. BELL removed a *nævus* from behind the left ear of an infant; it was necessary to secure two small arteries, and the edges of the wound were brought together by means of a hare-lip pin; Mr. BELL also performed the operation of depression for cataract (of the right eye), on an *old woman* (it was *not* Mr. JOE BURNS).

The child that was operated upon for stone is going on well. The canula was removed from the wound two days after the operation; the charge of introducing this canula devolved upon Mr. JOHN SHAW; it dropped from his hand on the floor, and accumulated upon its surface a considerable quantity of sand, but Mr. SHAW introduced it, thus giving a nucleus for another calculus, perhaps to be removed by this *future* Surgeon of the Middlesex Hospital.*

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* Mr. SHAW has stated, in a canvassing letter, that he has "assisted at almost every capital operation performed at the Middlesex Hospital." The *capital operations* performed at this Hospital are "few and far between." We have known and attended the Hospital for many years, and witnessed almost every operation, but we do not remember seeing Mr. SHAW *assist* at any one, and he certainly has not been present at the majority; if our memory do not fail us, Mr. S. was not present at the *capital* operation performed by Mr. JOE BURNS, in the case of hernia. We remember, indeed, a case of dislocated thumb, in which the *valuable assistance* of Mr. SHAW was given, after the attempts at reduction by Mr. BELL had failed, but he was equally unsuccessful. The patient, after being in the Hospital for several days, left it without relief.

ST. GEORGE'S HOSPITAL.

Tumour of the Neck.

William Martin, ætat. 43, was admitted 23d June into this Hospital, under the care of Mr. JEFFREYS. He says that about the beginning of February he accidentally discovered a hard moveable tumour on the lower part of the back of his neck, close to the spinous processes of the last cervical vertebra; it was free from pain, continued gradually increasing ever since, but did not give him any inconvenience till within the last six weeks, since which he has felt throbbing and shooting pains in the tumour, extending forwards to the sternum, constriction across the chest, with a sense of weight and oppression; has a very troublesome cough, which generally comes on in paroxysms; he has for the last fortnight frequently spit up phlegm streaked with blood; his general health is good. The tumour is hard, incompressible, and irregular, about the size of a hen's egg, and of an oval shape; it is firmly attached at its upper edge to the spinous processes of the last cervical, first and second dorsal vertebræ, but is moveable at its inferior edge; the integuments on the lower part of the tumour are slightly discoloured. The patient is by trade a glass and china man, and has been in the habit of carrying heavy baskets on his shoulders. On the 25th he was ordered to take a senna draught; to live abstemiously; take one grain of squill and ipecacuhana, with three grains of extract of poppy every night for his cough.

June 28. Has had a more violent paroxysm of cough last night than usual. Since it subsided he feels very acute pain in his chest under the margin of the false ribs, increased during each inspiration. Ordered to repeat the senna draught. Tongue clean.

July 1st. The pain in his chest greatly relieved; the discolouration of the tumour, which was only a slight efflorescence of the skin, is now changed into a dark appearance, evidently indicative of speedy ulceration.

A consultation of the surgeons was held on this case, and Messrs. KEATE, BRODIE, and JEFFREYS were of opinion that it was a very proper case for a surgical operation; but Sir EVERARD HOME, anticipating from the nature of the tumour and the parts on which it was situated, that the wound made by the operation would not heal kindly, differed in opinion from his junior colleagues. Mr. KEATE assured him that the wound made by the operation could not be worse, or even so bad as the one that was now about to exist from ulceration. Sir EVERARD then gave his final sanction, remarking that there were two rules laid down in physic, which we at all times (as a *sine qua non*) ought to bear in remembrance; the one not to allow a patient to die with a disease; the other, if we could not do good, not to do harm.

Monday, July 4th, was then fixed on for operating. Mr. JEFFREYS commenced by making a semi-circular incision four inches in length, from above downwards on the left side of the tumour, cutting through the skin and cellular membrane; his incision on the right side commenced above, from his taking the knife down in that direction, so as to meet his first below; the integuments were then dissected from the tumour, and all its connections separated, except those about the spinous processes; it was so firmly attached to them, that it admitted but of a very little degree of motion, and was with considerable difficulty separated from them with the scalpel; after the tumour was removed and the blood sponged out from the wound, farther examination detected another hard tumour, about the size of a pigeon's egg, in the substance of the trapezius muscle. It was removed by a hook and scalpel. —The removal of these tumours exposed three of the spinous processes, the tendinous origin, with about an inch of the trapezius muscle on each side of the vertebræ. Six arteries were secured by ligature. The wound was dressed from the bottom with lint, and the figure of 8 bandage applied.

5. Saw the patient to-day; passed a comfortable night.

James Lamond, ætat. 30, was admitted, 15th of June, into King's Ward, under the care of Mr. BRODIE. He says, about a year ago, he perceived three or four hard moveable tumours, some of them about the size of a walnut, in different parts of his abdomen; they were free from pain, and did not prevent him from pursuing his usual occupation. He states, that on the 9th of May, in lifting a heavy weight, he strained his back. Next day, he thought he could feel these tumours more superficial. Two of them were about the size of an egg, have since been very tender, and gradually enlarging; he has always enjoyed good health, had no previous illness immediately preceding the formation of these tumours. On his admission into the Hospital, two of them could be distinctly felt; the largest, about the size of an orange, might be moved from one part of the abdomen to the other; it was hard, and, to the touch, seemed to be cartilaginous, very tender on pressure; the others could not be so distinctly felt. Bowels costive.

20. ℞ *Tinct. Iodin.* m. vi.
Mist. Acaciæ, ʒij.
Aq. Font. ʒx.—M.
ter die sumend.

27. He has been taking the above mixture, to no evident advantage, with the occasional application of leeches to the abdomen, and laxative medicines every second morning; tongue covered with a slight brown fur.

28. No alteration in his symptoms. Mr. BRODIE, supposing that the tumours were situated between the peritoneum and abdominal muscles, suggested to the patient that there was a probability of removing his complaint by an operation; the poor man, anxious to have his disease removed, said, he would consent to any thing he thought expedient. Mr. BRODIE then attempted to extract these tumours by fixing the largest of them about half way between the umbilicus and anterior superior spinous process of the ilium, he commenced by making an incision, two inches in length, on the tumour; in cutting through the common integuments, a small artery was divided, which appeared to be the external epigastric, which was secured and tied, he then came to a cyst, into which he made an incision nearly equal in length to the one through the integuments, on opening of which a small fatty tumour protruded itself resembling one of the appendices epiploicæ, and was doubtless attached to the omentum. On introducing his finger into this cyst, it appeared to enter the cavity of the peritoneum, the interior of the cyst presenting a smooth surface, and having all the appearance of the internal surface of the peritoneum. Mr. B. now attempted to withdraw this fatty substance, on which the man exclaimed, "You are drawing out my entrails;" and after two or three fruitless attempts he replaced it, uniting the wound by suture and adhesive plaster. The tumour was hard, of a white colour, and in every respect resembled cartilage. The iodine mixture to be omitted till any inflammatory symptoms that might arise from the operation subside.

29. Passed a restless night, was bled to ʒxij. and an ounce of castor oil given him, he is this day more comfortable, great tenderness of the abdomen. Pulse 96. Tongue furred.

July 2. The inflammation subsided, tumour very painful, wound nearly healed. Tongue clean at the edges, has a thick brown crust on the centre.

July 5. The tumours in the same state as before the operation; ordered to begin the iodine mixture.

Accidents.—Compound fracture of the metacarpal bone of the thumb, with a few ulcerated legs.

Operation.—Amputation above the knee by Mr. JEFFREYS, in the common way (not very common), very slovenly performed.

NOTICE.

The Index and Title-page to the Seventh Volume will be ready for delivery (*gratis*) with the next Number of THE LANCET.

TO CORRESPONDENTS.

E. L. must send us his name before we can publish his Letter.

The hint of Y. Z. shall be attended to.

A SURGICAL PUPIL *of Dublin, on the subject of Mr. Crampton's Lectures, will receive a Letter from us in the course of the ensuing week.*

The Letter of A STUDENT *came too late for insertion.*

A CONSTANT READER *may rest assured that we have not lost sight of* SIR EVERARD HOME; *neither shall his injurious influence at St. George's Hospital remain unnoticed.*

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